

NHCQ BEHAVIORAL HEALTH AHLTA AUTHORIZATION

Date: _____
From: Medical Records Naval Health Clinic Quantico
To: NHCQ Behavioral Health Department
Subj: Request for Behavioral Health Records of the Following:

I, _____ request a copy of my
(PRINT) RANK, NAME: LAST, FIRST, MI FULL SSN
Behavioral Health Records to be mailed to me at the following

MAILING ADDRESS (PLEASE PRINT CLEARLY)

Or contact me by the following

E-MAIL ADDRESS

CONTACT #

Signature

Date

1. The above-named patient has requested a copy of his/her NHCQ Behavioral Health AHLTA records.
2. I, _____, have reviewed the above-mentioned
PROVIDERS'S NAME
patient's Behavioral Health records.

✓ Please check and complete one of the following:

- () Yes, All may be released to the patient.
() The following listed dates are the only dates to be
released to the patient at this time:

() NO, the Behavioral Health Medical Records are **NOT** to be
release to the patient at this time.

3. _____
Received by Provider (signature and title) Date
4. _____
Received by Staff (signature and title) Date
5. _____
Received by Patient (signature) Date